

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

<p>Petitioner, vs.</p> <p>Respondent.</p>	<p>NO. _____</p> <p style="text-align: center;">WAIVER OF PERSONAL SERVICE AND ACCEPTANCE</p>
---	--

I, _____, being of legal age, accept service of the attached
_____ and acknowledge receipt of a copy on the date below.

By my signature below, I specifically waive any formal requirements of service of the _____
as may otherwise be required by Iowa Code and the Iowa Rules of Civil Procedure.

I submit to the personal jurisdiction of the District Court. I understand the District Court will hold a hearing upon the
request of the Respondent or the Petitioner. I also understand that any order entered as a result of this action will be
presented to the District Court for approval.

By signing this waiver, I agree and request that Child Support Recovery Unit (CSRU) send subsequent motions or any
other document to an address I give to CSRU. I also agree by my signature to accept service of all documents related to
this action and for further orders to be mailed to me by first class mail by CSRU. I further agree to promptly notify
CSRU of any change to my address.

Dated this ____ day of _____, year ____.

Signed

State of Iowa
County of _____

This instrument was acknowledged before me on this ____ day of _____, year ____
by the signing of _____.

Notary Public in and for the State of Iowa

NOTICE: If you are going to have an attorney represent you, promptly advise the attorney that you have accepted
service of this notice. This is your notification that time frames governing this action begin as of the date of your
signature on this Waiver of Personal Service and Acceptance.